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| DEMARK | Application Number | 10/729,528 | | | |
| TRANSMITTAL | Filing Date | December 5, 2003 | | | |
| FORM | First Named Inventor | Shinzo Matsui | | | |
| | Art Unit | 2851 | | | |
| to be used for all company days a first in the | Examiner Name | Melissa J. Koval | | | |
| (to be used for all correspondence after initial Total Number of Pages in This Submission | Attorney Docket Number | SAS2-PT065 | | | |
| ENCLOSURES (Check all that apply) | | | | | |
| Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Supplemental Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks | After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Form-PT0-1449 | | | |
| SIGNA | I TURE OF APPLICANT, ATTO | RNEY, OR AGENT | | | |
| Firm Name VOLPE AND KOEN | IG, P.C. | | | | |
| Signature LymW. () Day | W | | | | |
| Printed name RAN W. O'DONNE | | | | | |
| | November 15. 2005 Reg. No. 53,401 | | | | |
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| C | ERTIFICATE OF TRANSMISSI | ION/MAILING | | | |
| hereby certify that this correspondence is being ostage as first class mail in an envelope addres | facsimile transmitted to the USPTO or departed to: Commissioner for Patents, P.O. Bo | posited with the United States Postal Service with sufficient x 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature Ryan W. | O'Jane | | | | |
| Typed or printed name RYN W. O't | DONNELL | Date Noucmber 15, 200 | | | |
| This collection of information is required by 37 CF process) an application. Confidentiality is govern | R 1.5. The information is required to obtain or ed by 35 U.S.C. 122 and 37 CFR 1.11 and 1 | r retain a benefit by the public which is to file (and by the USPTO to .14. This collection is estimated to 2 hours to complete, including | | | |

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oursuant of the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known **Application Number** 10/729,528 FEE TRANSMITT Filing Date December 5, 2003 For FY 2005 Shinzo Matsui First Named Inventor **Examiner Name** Melissa J. Koval Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2851 TOTAL AMOUNT OF PAYMENT (\$) 300.00Attorney Docket No. SAS2-PT065 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 22-0493 Deposit Account Deposit Account Number: Deposit Account Name: Volpe and Koenig, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any audition of the under 37 CFR 1.16 and 1.17 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES SEARCH FEES** Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity **Fee Description** Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims** Extra Claims Fee (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 0.00 Extra Claims Indep. Claims Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) _____ (round up to a whole number) x 0.00 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Petition for Extension of Time One (1) month; Information Disclosure Statement (IDS) 300.00

| SUBMITTED BY | | | | |
|------------------|-------------------|-------------------------|------------------------|--|
| Signature | lyan W. O Dave | Registration No. 53,401 | Telephone 215-568-6400 | |
| Name (Print/Type | Ryan W. O'Donnell | | Date November 15 2005 | |

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